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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO 9 627311 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEF	IND	DEF	IND	DEF
1		1				
2						
3						
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48		24				
49		4				
50		4				
TOTAL IND.	9					
TOTAL DEF						

	IND	DEF	IND	DEF	IND	DI
51		4				
52		4				
53		4				
54	1					
55		1				
56		2				
57		0				
58	1					
59		1				
60		1				
61		4				
62	1					
63		1				
64		1				
65	1					
66		4				
67		4				
68		4				
69	1					
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TOTAL IND.						